

ROCORI AREA SCHOOLS

ISD #750

Seizure Care Plan

Student's Name: _____ Birth Date: _____

Grade: _____ School Year: _____

School: _____

Seizure Emergency Protocol

The usual procedure at school for a student having a seizure is:

1. Call the school nurse (Name: _____ Ext. _____)
2. Time the seizure
3. Stay with student through seizure, speaking gently
4. Provide safety for student by removing nearby hazardous objects, loosening clothing at neck and waist, protecting head from injury, as pertinent
5. Do NOT: (1) Place any objects into the student's mouth, (2) Restrain movements, (3) Offer food or liquid until the student is fully awake
6. Remove other students from the immediate environment to give privacy, as possible
7. Observe student for inadequate breathing/continuous seizing; if seen, call 911
8. When consciousness returns, reorient student and guide to safe locality
9. Provide rest as needed for student after the seizure
10. Advise parent of seizure
11. Document the following: (1) What happened before, during, and after seizure, (2) Time seizure began and length of seizure, (3) Body parts involved and how

Call 911 and parent if:

- Seizure is longer than _____ minutes
- Continuous seizing occurs
- Difficulty breathing occurs

If you want additional help given or have other concerns, describe here: _____

Medication Information

Are medications needed to control the seizures? No Yes

Medication	Dose	Route	Frequency	Administer at School?

** If a prescription medication is to be administered at school, a medication authorization form needs to be completed by prescribing physician*

Seizure History

How often do the seizures occur? _____

Has hospitalization been needed in past year for seizures? No Yes, date: _____

Seizures are currently being treated by Dr. _____

What does the seizure usually look like and how long does it usually last? _____

List conditions which generally cause the seizure (i.e., noise, blinking lights): _____

Does your child need any special activity adaptations/protective equipment (i.e., helmet) at school? No Yes (describe) _____

How long after seizure before your child can return to their regular activities? _____

Emergency Contact Information

In the event of an emergency, the following individuals should be contacted:

	Name	Relationship	Phone Number(s)
1.	_____	_____	H: _____ W: _____ C: _____
2.	_____	_____	H: _____ W: _____ C: _____
3.	_____	_____	H: _____ W: _____ C: _____

Hospital of choice: _____

Parent/Guardian Consent

I will notify the health office immediately of any medication changes. I will advise the school of changes in contact information, emergency contact persons, or physician/hospital preferences.

Parent Signature

Date